

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF OHIO

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Michael

First name

A

Middle name

Davis

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-7561

Debtor 1 **Michael A Davis**

Case number (if known)

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**☒ I have not used any business name or EINs.☐ I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live**2816 Lisa Kim Ln
Nashport, OH 43830**

Number, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

Muskingum

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy*Check one:*☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)*Check one:*☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Michael A Davis**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?**
- ☒ No.
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No
- ☐ Yes.
- | | |
|-----------------------------|---------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
-
11. **Do you rent your residence?**
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Michael A Davis**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Michael A Davis**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Michael A Davis**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts

17. Are you filing under Chapter 7?	<input type="checkbox"/> No.	I am not filing under Chapter 7. Go to line 18.
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael A Davis**Michael A Davis**

Signature of Debtor 1

Signature of Debtor 2

Executed on **March 22, 2016**

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 **Michael A Davis**

Case number (if known)

For your attorney, if you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Mitchell Marczewski

Signature of Attorney for Debtor

Date

March 22, 2016

MM / DD / YYYY

Mitchell Marczewski

Printed name

Marczewski Law Offices LLC

Firm name

1020 Maple Ave**Zanesville, OH 43701**

Number, Street, City, State & ZIP Code

Contact phone **(740) 453-8900**

Email address

mitch@zanesvillelawyer.com**(0073258)**

Bar number & State

Certificate Number: 15317-OHS-CC-026769722



15317-OHS-CC-026769722

CERTIFICATE OF COUNSELING

I CERTIFY that on January 7, 2016, at 4:14 o'clock PM PST, Michael A Davis received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 7, 2016 By: /s/Ann Pableo

Name: Ann Pableo

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1 **Michael A Davis**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	95,200.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	28,961.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	124,161.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	134,053.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	19,743.11
Your total liabilities		\$ 153,796.11

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	5,148.00
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	5,130.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Michael A Davis**

Case number (if known) _____

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **6,968.44**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Michael A Davis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF OHIO</u>			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

9750 E Athens Rd

Street address, if available, or other description

Roseville OH 43777-0000

City State ZIP Code

Muskingum

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$95,200.00	\$95,200.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Grantor: 1054 Intestments, LLC

Grantee: Michael Aaron Davis and Kristie Dayle Wainwright

General Warranty Deed was signed on April 29, 2014 and recorded on May 19, 2014 in the Muskingum Country Recorder's Office in Book 2532, Page 719.

Parcel # 13-40-10-24-001

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$95,200.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Michael A Davis**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles☐ No☒ Yes

3.1 Make: **Chevrolet**
 Model: **Trailblazer**
 Year: **2005**
 Approximate mileage: **229312**
 Other information:

Location: Debtor's residence**Who has an interest in the property?** Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?**Current value of the portion you own?****\$1,842.00****\$1,842.00**

3.2 Make: **Toyota**
 Model: **Tundra**
 Year: **2011**
 Approximate mileage: **26,340**
 Other information:

Location: Debtor's residence**Who has an interest in the property?** Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?**Current value of the portion you own?****\$24,819.00****\$24,819.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☒ No☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$26,661.00**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples: Major appliances, furniture, linens, china, kitchenware*☐ No☒ Yes. Describe.....

Misc furniture
Location: Debtor's residence

\$200.00

Misc appliances
Location: Debtor's residence

\$200.00

Misc lawn equipment
Location: Debtor's residence

\$300.00

Misc tools
Location: Debtor's residence

\$300.00

Debtor 1 **Michael A Davis**

Case number (if known)

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....**Misc electronics**
Location: Debtor's residence**\$600.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**Misc clothing**
Location: Debtor's residence**\$250.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.....**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$1,850.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes.....

Debtor 1 Michael A Davis

Case number (if known) _____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1. **Checking**Chase\$450.00**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the**

Debtor 1 Michael A Davis

Case number (if known) _____

portion you own?
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Location: Debtor's residence

Federal, State, and
Local

Unknown

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☐ No☒ Yes. Describe each claim.....

Earned and unpaid wages in last 30 days Location: Debtor's residence

Unknown

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$450.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Debtor 1 **Michael A Davis**

Case number (if known)

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2		\$95,200.00
56. Part 2: Total vehicles, line 5	\$26,661.00	
57. Part 3: Total personal and household items, line 15	\$1,850.00	
58. Part 4: Total financial assets, line 36	\$450.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$28,961.00	Copy personal property total \$28,961.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$124,161.00

Image ID: 000001920234 Type: OFF
Kind: DEEDS
Recorded: 05/19/2014 at 09:32:38 AM
Fee Amt: \$36.00 Page 1 of 3
Instr# 201400004525
Muskingum County
CINDY RODGERS County Recorder
BK **2532** PG **719**

This Conveyance has been examined and the Grantor has complied with Section 319.202 of the Revised Code. # 330.00
FEES
EXEMPT
DEBRA J. NYE, COUNTY AUDITOR

000497

TRANSFERRED
5/19 20 14
DEBRA J. NYE
AUDITOR, MUSKINGUM COUNTY, OHIO

RJK

GENERAL WARRANTY DEED

STATUTORY FORM

1054 INVESTMENTS, LLC , AN OHIO LIMITED LIABILITY COMPANY, the Grantor (s), for Ten Dollars (\$10.00) and other valuable consideration paid, grant(s) with general warranty covenants, to **MICHAEL AARON DAVIS AND KRISTIE DAYLE WAINWRIGHT for their joint lives remainder in fee simple to the survivor of them**, the Grantee(s), whose tax mailing address will be **9750 EAST ATHENS ROAD, ROSEVILLE, OHIO 43777**, the following described property:

SEE ATTACHED EXHIBIT "A" BEING 2.138 ACRES

SAVE AND EXCEPT easements, restrictions, covenants and other matters of record, if any, real estate taxes and assessments, if any prorated to the date of this deed.

Prior Instrument Reference **VOLUME 2507 PAGE 807** + Vol 2532 Pg 715
Permanent Parcel # **PARENT PARCEL 13-40-10-24-001**

Executed this 29 DAY OF April, 2014.

1054 INVESTMENTS, LLC


Managing Member
BY CURT YODER,
ITS MANAGING MEMBER

STATE OF OHIO)

)SS.

COUNTY OF TUSCARAWAS)

The foregoing instrument was acknowledged before me this 29 DAY OF April, 2014, by **1054 INVESTMENTS, LLC , AN OHIO LIMITED LIABILITY COMPANY, BY CURT YODER, ITS MANAGING MEMBER, , the Grantor(s)**, and that the same was their free act and deed as such officer on behalf of the company.

IN TESTIMONY WHEREOF, I have hereunto set my name and official seal at SUGARCREEK, OHIO.

THIS INSTRUMENT PREPARED BY:
GEORGE NAUMOFF
NAUMOFF AND NAUMOFF
ATTORNEYS AT LAW
MANSFIELD, OHIO
GREAT AMERICAN 16343

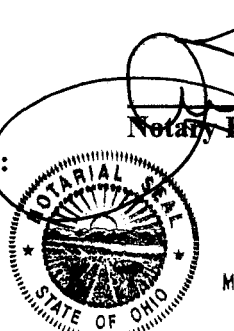

Notary Public
Timothy L. Robertson II
Resident Summit County
Notary Public, State of Ohio
My Commission Expires: 11/08/2014



Image ID: 000001920235 Type: OFF
Kind: DEEDS

Page 2 of 3

BK 2532 PG 720

Exhibit "A"

DEED DESCRIPTION

2.138 ACRES { split }

1054 INVESTMENTS, LLC PROPERTY [part]
AUDITOR'S PARCEL #13-40-10-24-001 [part]

BEING A PART OF THE SOUTHEAST QUARTER OF SECTION #10, TOWNSHIP 14 NORTH, RANGE 14 WEST, CLAY TOWNSHIP, MUSKINGUM COUNTY, OHIO [ALSO BEING A PART OF A 8.76 ACRES PARCEL AND A PART OF THE 1054 INVESTMENTS, LLC PROPERTY OF OFFICIAL RECORD BOOK 2507, PAGE 807 OF THE MUSKINGUM COUNTY RECORDER] AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING, FOR REFERENCE, AT A POINT MARKING THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SECTION #10;

THENCE S 0° 38' 12" E 1454.56 FEET, IN THE EAST LINE OF SECTION #10, TO AN IRON PIN SET AND THE PRINCIPAL PLACE OF BEGINNING OF THIS, subject, "2.138 ACRES PARCEL" TO BE DESCRIBED, PASSING AN EXISTING CORNER STONE, IN POOR CONDITION, AT 793.21 + - FEET AND PASSING AN EXISTING IRON PIN {5/8 INCH STEEL ROD WITH PLASTIC IDENTIFICATION CAP MARKED "ERD 7142"} AT 1113.84 FEET;

[THE FOLLOWING "2.138 ACRES PARCEL" TO BE DESCRIBED IS BOUNDED ON THE NORTH BY THE AFORESAID "1054 INVESTMENTS, LLC" PROPERTY, BOUNDED ON THE EAST BY THE AFORESAID "1054 INVESTMENTS, LLC" PROPERTY OF OFFICIAL RECORD BOOK 2507, PAGE 807 AND OF OFFICIAL RECORD BOOK 2362, PAGE 83, BOUNDED ON THE SOUTH BY THE ROSALYN BRITTON and CRYSTAL RAINIER PROPERTY OF OFFICIAL RECORD BOOK 2305, PAGE 763 AND IS BOUNDED ON THE WEST BY THE LINZEY D. and JASON R. ALLEN PROPERTY OF OFFICIAL RECORD BOOK 2494, PAGE 23, ALL OF THE MUSKINGUM COUNTY RECORDER]

THENCE, FROM THE "PRINCIPAL PLACE OF BEGINNING", S 0° 38' 12" E 197.31 FEET, IN THE EAST LINE OF SECTION #10 TO AN EXISTING IRON PIN {5/8 INCH STEEL REBAR WITH PLASTIC IDENTIFICATION CAP MARKED "RLS 5410"} MARKING THE NORTHEAST CORNER OF THE AFORESAID "ROSALYN BRITTON and CRYSTAL RAINIER" PROPERTY, PASSING AN EXISTING IRON PIN {5/8 INCH STEEL ROD WITH PLASTIC IDENTIFICATION CAP MARKED "ERD 7142"} AT 114.36 FEET, WHICH MARKS THE SOUTHWEST CORNER OF AN 18.21 ACRES TRACT OF THE AFORESAID "1054 INVESTMENTS, LLC" PROPERTY;

THENCE, LEAVING THE EAST LINE OF SECTION #10, N 89° 55' 40" W 473.08 FEET TO A POINT IN, ASPHALT SURFACED, COUNTY ROAD #87 [A.K.A. E. ATHENS ROAD] AND MARKING THE NORTHWEST CORNER OF THE AFORESAID "ROSALYN BRITTON and CRYSTAL RAINIER" PROPERTY [ALSO BEING THE SOUTHEAST CORNER OF THE AFORESAID "ALLEN" PROPERTY], PASSING AN EXISTING IRON PIN {5/8 INCH STEEL REBAR, NO IDENTIFICATION} AT 448.08 FEET;

THENCE, LEAVING THE AFORESAID "ROSALYN BRITTON and CRYSTAL RAINIER" PROPERTY, THE FOLLOWING FOUR [4] COURSES ARE TO POINTS IN "COUNTY ROAD #87" AND IN THE AFORESAID "ALLEN", EASTERLY BOUNDARY:



Image ID: 000001920236 Type: OFF
Kind: DEEDS

Page 3 of 3

BK 2532 PG 721

COURSE #1 = N 23° 18' 29" E 41.34 FEET;

COURSE #2 = N 18° 47' 48" E 34.68 FEET;

COURSE #3 = N 10° 10' 58" E 68.31 FEET;

COURSE #4 = N 2° 17' 09" W 85.00 FEET;

THENCE, LEAVING "COUNTY ROAD #87" AND THE AFORESAID "ALLEN" PROPERTY, S 86° 32' 32" E 435.46 FEET TO AN "IRON PIN SET" AND THE "PRINCIPAL PLACE OF BEGINNING" OF THIS, SUBJECT, "2.138 ACRES PARCEL" { IE. SPLIT }, PASSING AN IRON PIN SET AT 30.00 FEET.

THE PARCEL AS DESCRIBED CONTAINS 2.138 ACRES, MORE OR LESS, SUBJECT TO ALL LEGAL HIGHWAYS, ALL RESTRICTIONS AND ALL EASEMENTS OF RECORD.

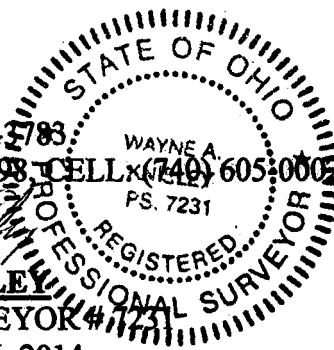
THE BEARINGS IN THE ABOVE DESCRIPTION ARE BASED ON A SURVEY MADE BY RICHARD L. DANIELS, P.S. 5410, ON JUNE 16, 1998. THE BEARINGS ARE BASED ON THE EAST LINE OF SECTION #10 AS BEING S 0° 38' 12" E ie. ALL BEARINGS DESCRIBED HEREIN ARE TO AN ASSUMED MERIDIAN AND ARE USED TO DENOTE ANGLES ONLY.

THE ABOVE DESCRIPTION IS BASED ON A FIELD SURVEY MADE BY OR UNDER THE DIRECT SUPERVISION OF WAYNE A. KNISLEY, OHIO P.S. # 7231, ON FEBRUARY 6, 2014. SEE PLAT ATTACHED.

ALL IRON PINS SET ARE 5/8 INCH BY 30 INCH STEEL ROD WITH PLASTIC IDENTIFICATION CAPS MARKED KNISLEY 7231.

THIS, SUBJECT, "2.138 ACRE PARCEL" { split } HAS TWO EXISTING WATER WELLS, AN EXISTING, FRAME, RESIDENCE, AN EXISTING SEWER SYSTEM AND 229.33 FEET OF PUBLIC ROAD FRONTAGE.

A & E
P. O. BOX 420
SOMERSET, OHIO 43783
PHONE: (740) 743 - 2201, FAX: 743 - 2498, CELL (740) 605-0002
Wayne A. Knisley
WAYNE A. KNISLEY
OHIO REGISTERED SURVEYOR # 7231
DATE: FEBRUARY 6, 2014



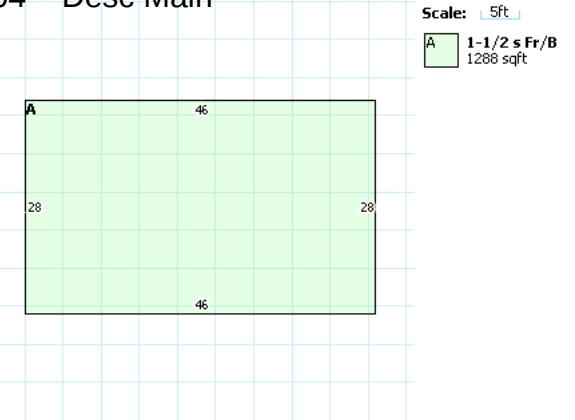
APPROVED
MUSKINGUM COUNTY
PLANNING COMMISSION DIRECTOR
[Signature]
2/21/14 Date Fee Paid

[Signature] 2/24/14

DESCRIPTION
APPROVED
By: *A. L. Swinehart*
2-24-2014 CCS
Book: 2532 Page: 719 Seq: 3

GENERAL PARCEL INFORMATION

Owner DAVIS MICHAEL AARON & KRISTIE
Property Address DAYLE WAINWRIGHT
Mailing Address 9750 E ATHENS RD
9750 EAST ATHENS RD
Land Use ROSEVILLE OH 43777
Legal Description 511 - SINGLE FAMILY DWLG UNPLAT 0-09
R 14 TP 14 SEC 102.138 A



VALUATION

	Appraised	Assessed
Land Value	\$8,900.00	\$3,120.00
Improvements Value	\$86,300.00	\$30,210.00
CAUV Value	\$0.00	\$0.00
Taxable Value	\$33,330.00	
Annual Tax (w/o delinquencies)	\$1,152.60	

RESIDENTIAL

Building Style	CONVENTIONAL	Full Baths	2
Year Built	2001	Half Baths	1
Stories	1.5	Basement	FULL BASEMENT
Finished Area	2576	Finished Basement Area	0
First Floor Area	1288	Heating	HEAT
Half Floor Area	1288	Cooling	CENTRAL
Upper Floor Area	0	Exterior Wall	WD/ALM
Rooms	5	Attic	NONE
Bedrooms	3	Number of Fireplace Openings	0
Family Rooms	1	Number of Fireplace Stacks	0

LAND

Land Type	Acreage	Depth	Frontage	Depth	Value
A3 - Residual	1.138	0	0	0	2850
AH - Homesite	1	0	0	0	6000

ADDITIONS

IMPROVEMENTS

AGRICULTURAL

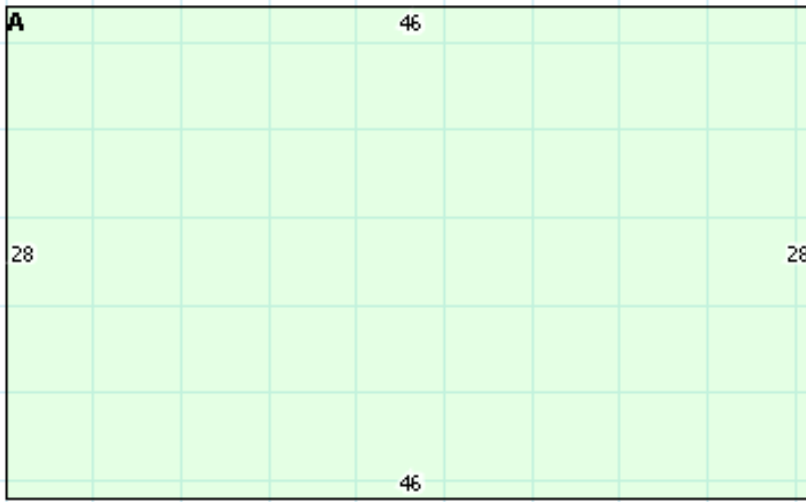
Land Type	Land Usage	Soil Type	Acres	Value
-----------	------------	-----------	-------	-------

SALES

Date	Buyer	Seller	Price
5/19/2014	DAVIS MICHAEL AARON &	1054 INVESTMENTS LLC	110000
5/19/2014	1054 INVESTMENTS LLC	1054 INVESTMENTS LLC	0

COMMERCIAL

A 1-1/2 s Fr/B
1288 sqft



NON-NEGOTIABLE - FOR REGISTRATION ONLY

ISSUING CNTY **PERRY**
RESIDENT CNTY **PERRY**

STATE OF OHIO No. 45 0184 4341
MEMORANDUM TITLE

ISSUE DATE
02/11/2014

IDENTIFICATION NUMBER
5TFDM5F18BX026245

COMMENTS

PURCHASE PRICE
\$28,875.00

TAX
\$0.00

CONVERSION

MLG BRAND **ACTUAL**

YEAR MAKE MAKE DESCRIPTION
2011 TOYT TOYOTA MOTOR CO

BODY TYPE MODEL MODEL DESCRIPTION
TK CRW --

MILEAGE EVIDENCE
67,044 OH 4501821376

BRAND(S)

OWNER
MICHAEL A. DAVIS

**205 READING ST APT 205
NEW LEXINGTON, OH 43764**

PREVIOUS OWNER
COUGHLIN CARS.COM OF HEATH LLC

**2360 HEBRON RD
HEATH, OH 43056-0000**

45046499 ND003742

FIRST LIENHOLDER DATE OF LIEN: **01/16/2014**
US BANK, NA

**1850 OSBORN AVE
OSHKOSH, WI 54902**

GBQ 9075

LICENSE EXPIRES	4-20
TRANSFER ISSUED	
TRUCK WEIGHT	
Registrar of Motor Vehicles	

WITNESS MY HAND AND OFFICIAL SEAL THIS 11th DAY OF FEBRUARY, 2014

**TIMOTHY J. WOLLENBERG
CLERK OF COURTS**



%E450017X2

NON-NEGOTIABLE - FOR REGISTRATION ONLY

ISSUING CNTY **MUSKINGUM**
RESIDENT CNTY **PERRY**

STATE OF OHIO No. 64 0029 8242
MEMORANDUM TITLE

ISSUE DATE
03/01/2016

IDENTIFICATION NUMBER
1GNDT13S952170078
COMMENTS

YEAR	MAKE	MAKE DESCRIPTION
2005	CHEV	CHEVROLET
BODY TYPE	MODEL	MODEL DESCRIPTION
UC	TRL	TRAIL BLAZER
MILEAGE	EVIDENCE	
138,821	OH 6400298168	

CONVERSION

PURCHASE PRICE
\$8,045.00
TAX
\$.00
MLG BRAND **ACTUAL**

BRAND(S)

OWNER
MICHAEL A. DAVIS

504 N PLEASANT STREET
NEW LEXINGTON, OH 43764

PREVIOUS OWNER
STENSON MOTORS

562 MILL ST
NEW LEXINGTON, OH 43764-0000

64012759 UD018261

FIRST LIENHOLDER DATE OF LIEN: **03/16/2012**
SPRINGLEAF FIN. SVCS. OF OHIO, INC.

601 NW 2ND ST.
EVANSVILLE, IN 47708

WITNESS MY HAND AND OFFICIAL SEAL THIS 1st DAY OF MARCH, 2016

%E64000203

TODD BICKLE
CLERK OF COURTS
G

CSAUNDERS
SKC

Fill in this information to identify your case:

Debtor 1 **Michael A Davis**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
9750 E Athens Rd Roseville, OH 43777 Muskingum County Grantor: 1054 Intestments, LLC Grantee: Michael Aaron Davis and Kristie Dayle Wainwright General Warranty Deed was signed on April 29, 2014 and recorded on May 19, 2014 in the Muskingum Country Re Line from <i>Schedule A/B</i> : 1.1	\$95,200.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
2011 Toyota Tundra 26,340 miles Location: Debtor's residence Line from <i>Schedule A/B</i> : 3.2	\$24,819.00	<input checked="" type="checkbox"/> \$1,614.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
Misc furniture Location: Debtor's residence Line from <i>Schedule A/B</i> : 6.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Misc appliances Location: Debtor's residence Line from <i>Schedule A/B</i> : 6.2	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)

Debtor 1 **Michael A Davis**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Misc lawn equipment Location: Debtor's residence Line from Schedule A/B: 6.3	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Misc tools Location: Debtor's residence Line from Schedule A/B: 6.4	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Misc electronics Location: Debtor's residence Line from Schedule A/B: 7.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Misc clothing Location: Debtor's residence Line from Schedule A/B: 11.1	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Checking: Chase Line from Schedule A/B: 17.1	\$450.00	<input checked="" type="checkbox"/> \$450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
Federal, State, and Local: Location: Debtor's residence Line from Schedule A/B: 28.1	Unknown	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(9)(g)
Federal, State, and Local: Location: Debtor's residence Line from Schedule A/B: 28.1	Unknown	<input checked="" type="checkbox"/> \$1,225.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
Earned and unpaid wages in last 30 days Location: Debtor's residence Line from Schedule A/B: 34.1	Unknown	<input checked="" type="checkbox"/> 75% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13)

3. **Are you claiming a homestead exemption of more than \$155,675?**
(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	Michael A Davis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1 Pacific Union Financia <small>Creditor's Name</small> 1603 Lbj Fwy Ste 500 Farmers Branch, TX 75234 <small>Number, Street, City, State & Zip Code</small> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Describe the property that secures the claim: 9750 E Athens Rd Roseville, OH 43777 Muskingum County Grantor: 1054 Intestments, LLC Grantee: Michael Aaron Davis and Kristie Dayle Wainwright General Warranty Deed was signed on April 29, 2014 and recorded on May 19, 2014 in the Musk <small>As of the date you file, the claim is: Check all that apply.</small> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$105,305.00	\$95,200.00	\$10,105.00
2.2 Springleaf Financial S <small>Creditor's Name</small> _____ <small>Number, Street, City, State & Zip Code</small> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Describe the property that secures the claim: 2005 Chevrolet Trailblazer 229312 miles Location: Debtor's residence <small>As of the date you file, the claim is: Check all that apply.</small> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply.	\$5,543.00	\$1,842.00	\$3,701.00

Debtor 1 **Michael A Davis** Case number (if know) _____
 First Name Middle Name Last Name

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt
- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Opened
1/01/14
Last Active
1/15/16

Date debt was incurred **1/15/16** Last 4 digits of account number **2457**

2.3	Us Bank	Describe the property that secures the claim:	\$23,205.00	\$24,819.00	\$0.00
	Creditor's Name	2011 Toyota Tundra 26,340 miles Location: Debtor's residence			
	Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Number, Street, City, State & Zip Code	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Opened
12/01/13
Last Active
1/11/16

Date debt was incurred **1/11/16** Last 4 digits of account number **1397**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$134,053.00

If this is the last page of your form, add the dollar value totals from all pages.

\$134,053.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Image ID: 000001920237 Type: OFF
Kind: MORTGAGE
Recorded: 05/19/2014 at 09:33:36 AM
Fee Amt: \$116.00 Page 1 of 13
Instr# 201400004526
Muskingum County
CINDY RODGERS County Recorder
BK 2532 PG 722

_____[Space Above This Line For Recording Data]_____

After Recording Return To:
PACIFIC UNION FINANCIAL, LLC D/B/A CLEARVISION FUNDING
3 MACARTHUR PLACE, SUITE 500
SANTA ANA, CALIFORNIA 92707
Loan Number: 61704207

OPEN-END MORTGAGE³

FHA CASE NO. 413-6268306-703

MIN: 100521300000398240

MERS Phone: 888-679-6377

THIS MORTGAGE ("Security Instrument") is given on APRIL 28, 2014
The mortgagor is MICHAEL AARON DAVIS, ALL AS JOINT TENANTS,
KRISTIE DAYLE WAINWRIGHT

("Borrower").

This Security Instrument is given to Mortgage Electronic Registration Systems, Inc. ("MERS") as Mortgagee. **MERS is the nominee for Lender**, as hereinafter defined, and Lender's successors and assigns. MERS is organized and existing under the laws of Delaware, and has an address and telephone number of P.O. Box 2026, Flint, MI 48501-2026, tel. (888) 679-MERS. PACIFIC UNION FINANCIAL, LLC D/B/A CLEARVISION FUNDING, A CALIFORNIA LIMITED LIABILITY COMPANY ("Lender") is organized and existing under the laws of CALIFORNIA, and has an address of 8900 FREEPORT PARKWAY, SUITE 150, IRVING, TEXAS 75063.

Borrower owes Lender the principal sum of ONE HUNDRED EIGHT THOUSAND SEVEN AND 00/100 Dollars (U.S. \$ 108,007.00).

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FHA OHIO MORTGAGE - MERS
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Page 1 of 11

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Kind: MORTGAGE

Page 2 of 13

BK 2532 PG 723

This debt is evidenced by Borrower's note dated the same date as this Security Instrument ("Note"), which provides for monthly payments, with the full debt, if not paid earlier, due and payable on MAY 1, 2044. This Security Instrument secures to Lender: (a) the repayment of the debt evidenced by the Note, with interest, and all renewals, extensions and modifications of the Note; (b) the payment of all other sums, with interest, advanced under paragraph 7 to protect the security of this Security Instrument; and (c) the performance of Borrower's covenants and agreements under this Security Instrument and the Note. For this purpose, Borrower does hereby mortgage, grant and convey to MERS (solely as nominee for Lender and Lender's successors and assigns) and to the successors and assigns of MERS, the following described property located in MUSKINGUM County, Ohio:
SEE ATTACHED EXHIBIT A
A.P.N.: 13-40-10-24-001 000

which has the address of 9750 EAST ATHENS RD
[Street]
ROSEVILLE, Ohio 43777 ("Property Address"):
[City] [Zip Code]

TOGETHER WITH all the improvements now or hereafter erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property. All replacements and additions shall also be covered by this Security Instrument. All of the foregoing is referred to in this Security Instrument as the "Property." Borrower understands and agrees that MERS holds only legal title to the interests granted by Borrower in this Security Instrument; but, if necessary to comply with law or custom, MERS (as nominee for Lender and Lender's successors and assigns) has the right: to exercise any or all of those interests, including, but not limited to, the right to foreclose and sell the Property; and to take any action required of Lender including, but not limited to, releasing or canceling this Security Instrument.

BORROWER COVENANTS that Borrower is lawfully seised of the estate hereby conveyed and has the right to mortgage, grant and convey the Property and that the Property is unencumbered, except for encumbrances of record. Borrower warrants and will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.

THIS SECURITY INSTRUMENT combines uniform covenants for national use and non-uniform covenants with limited variations by jurisdiction to constitute a uniform security instrument covering real property.

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OHMTGZ.FHA 12/12/13

Page 2 of 11

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Page 3 of 13

BK 2532 PG 724

UNIFORM COVENANTS. Borrower and Lender covenant and agree as follows:

1. Payment of Principal, Interest and Late Charge. Borrower shall pay when due the principal of, and interest on, the debt evidenced by the Note and late charges due under the Note.

2. Monthly Payment of Taxes, Insurance, and Other Charges. Borrower shall include in each monthly payment, together with the principal and interest as set forth in the Note and any late charges, a sum for (a) taxes and special assessments levied or to be levied against the Property, (b) leasehold payments or ground rents on the Property, and (c) premiums for insurance required under paragraph 4. In any year in which the Lender must pay a mortgage insurance premium to the Secretary of Housing and Urban Development ("Secretary"), or in any year in which such premium would have been required if Lender still held the Security Instrument, each monthly payment shall also include either: (i) a sum for the annual mortgage insurance premium to be paid by Lender to the Secretary, or (ii) a monthly charge instead of a mortgage insurance premium if this Security Instrument is held by the Secretary, in a reasonable amount to be determined by the Secretary. Except for the monthly charge by the Secretary, these items are called "Escrow Items" and the sums paid to Lender are called "Escrow Funds."

Lender may, at any time, collect and hold amounts for Escrow Items in an aggregate amount not to exceed the maximum amount that may be required for Borrower's escrow account under the Real Estate Settlement Procedures Act of 1974, 12 U.S.C. §2601 *et seq.* and implementing regulations, 24 CFR Part 3500, as they may be amended from time to time ("RESPA"), except that the cushion or reserve permitted by RESPA for unanticipated disbursements or disbursements before the Borrower's payments are available in the account may not be based on amounts due for the mortgage insurance premium.

If the amounts held by Lender for Escrow Items exceed the amounts permitted to be held by RESPA, Lender shall account to Borrower for the excess funds as required by RESPA. If the amounts of funds held by Lender at any time are not sufficient to pay the Escrow Items when due, Lender may notify the Borrower and require Borrower to make up the shortage as permitted by RESPA.

The Escrow Funds are pledged as additional security for all sums secured by this Security Instrument. If Borrower tenders to Lender the full payment of all such sums, Borrower's account shall be credited with the balance remaining for all installment items (a), (b), and (c) and any mortgage insurance premium installment that Lender has not become obligated to pay to the Secretary, and Lender shall promptly refund any excess funds to Borrower. Immediately prior to a foreclosure sale of the Property or its acquisition by Lender, Borrower's account shall be credited with any balance remaining for all installments for items (a), (b), and (c).

3. Application of Payments. All payments under paragraphs 1 and 2 shall be applied by Lender as follows:

FIRST, to the mortgage insurance premium to be paid by Lender to the Secretary or to the monthly charge by the Secretary instead of the monthly mortgage insurance premium;

SECOND, to any taxes, special assessments, leasehold payments or ground rents, and fire, flood and other hazard insurance premiums, as required;

THIRD, to interest due under the Note;

FOURTH, to amortization of the principal of the Note; and

FIFTH, to late charges due under the Note.



Image ID: 000001920240 Type: OFF
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Page 4 of 13

BK 2532 PG 725

4. Fire, Flood and Other Hazard Insurance. Borrower shall insure all improvements on the Property, whether now in existence or subsequently erected, against any hazards, casualties, and contingencies, including fire, for which Lender requires insurance. This insurance shall be maintained in the amounts and for the periods that Lender requires. Borrower shall also insure all improvements on the Property, whether now in existence or subsequently erected, against loss by floods to the extent required by the Secretary. All insurance shall be carried with companies approved by Lender. The insurance policies and any renewals shall be held by Lender and shall include loss payable clauses in favor of, and in a form acceptable to, Lender.

In the event of loss, Borrower shall give Lender immediate notice by mail. Lender may make proof of loss if not made promptly by Borrower. Each insurance company concerned is hereby authorized and directed to make payment for such loss directly to Lender, instead of to Borrower and to Lender jointly. All or any part of the insurance proceeds may be applied by Lender, at its option, either (a) to the reduction of the indebtedness under the Note and this Security Instrument, first to any delinquent amounts applied in the order in paragraph 3, and then to prepayment of principal, or (b) to the restoration or repair of the damaged Property. Any application of the proceeds to the principal shall not extend or postpone the due date of the monthly payments which are referred to in paragraph 2, or change the amount of such payments. Any excess insurance proceeds over an amount required to pay all outstanding indebtedness under the Note and this Security Instrument shall be paid to the entity legally entitled thereto.

In the event of foreclosure of this Security Instrument or other transfer of title to the Property that extinguishes the indebtedness, all right, title and interest of Borrower in and to insurance policies in force shall pass to the purchaser.

5. Occupancy, Preservation, Maintenance and Protection of the Property; Borrower's Loan Application; Leaseholds. Borrower shall occupy, establish, and use the Property as Borrower's principal residence within sixty days after the execution of this Security Instrument (or within sixty days of a later sale or transfer of the Property) and shall continue to occupy the Property as Borrower's principal residence for at least one year after the date of occupancy, unless Lender determines that requirement will cause undue hardship for Borrower, or unless extenuating circumstances exist which are beyond Borrower's control. Borrower shall notify Lender of any extenuating circumstances. Borrower shall not commit waste or destroy, damage or substantially change the Property or allow the Property to deteriorate, reasonable wear and tear excepted. Lender may inspect the Property if the Property is vacant or abandoned or the loan is in default. Lender may take reasonable action to protect and preserve such vacant or abandoned Property. Borrower shall also be in default if Borrower, during the loan application process, gave materially false or inaccurate information or statements to Lender (or failed to provide Lender with any material information) in connection with the loan evidenced by the Note, including, but not limited to, representations concerning Borrower's occupancy of the Property as a principal residence. If this Security Instrument is on a leasehold, Borrower shall comply with the provisions of the lease. If Borrower acquires fee title to the Property, the leasehold and fee title shall not be merged unless Lender agrees to the merger in writing.

6. Condemnation. The proceeds of any award or claim for damages, direct or consequential, in connection with any condemnation or other taking of any part of the Property, or for conveyance in place

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Page 5 of 13

BK 2532 PG 726

of condemnation, are hereby assigned and shall be paid to Lender to the extent of the full amount of the indebtedness that remains unpaid under the Note and this Security Instrument. Lender shall apply such proceeds to the reduction of the indebtedness under the Note and this Security Instrument, first to any delinquent amounts applied in the order provided in paragraph 3, and then to prepayment of principal. Any application of the proceeds to the principal shall not extend or postpone the due date of the monthly payments, which are referred to in paragraph 2, or change the amount of such payments. Any excess proceeds over an amount required to pay all outstanding indebtedness under the Note and this Security Instrument shall be paid to the entity legally entitled thereto.

7. Charges to Borrower and Protection of Lender's Rights in the Property. Borrower shall pay all governmental or municipal charges, fines and impositions that are not included in paragraph 2. Borrower shall pay these obligations on time directly to the entity which is owed the payment. If failure to pay would adversely affect Lender's interest in the Property, upon Lender's request Borrower shall promptly furnish to Lender receipts evidencing these payments.

If Borrower fails to make these payments or the payments required by paragraph 2, or fails to perform any other covenants and agreements contained in this Security Instrument, or there is a legal proceeding that may significantly affect Lender's rights in the Property (such as a proceeding in bankruptcy, for condemnation or to enforce laws or regulations), then Lender may do and pay whatever is necessary to protect the value of the Property and Lender's rights in the Property, including payment of taxes, hazard insurance and other items mentioned in paragraph 2.

Any amounts disbursed by Lender under this paragraph shall become an additional debt of Borrower and be secured by this Security Instrument. These amounts shall bear interest from the date of disbursement at the Note rate, and at the option of Lender shall be immediately due and payable.

Borrower shall promptly discharge any lien which has priority over this Security Instrument unless Borrower: (a) agrees in writing to the payment of the obligation secured by the lien in a manner acceptable to Lender; (b) contests in good faith the lien by, or defends against enforcement of the lien in, legal proceedings which in the Lender's opinion operate to prevent the enforcement of the lien; or (c) secures from the holder of the lien an agreement satisfactory to Lender subordinating the lien to this Security Instrument. If Lender determines that any part of the Property is subject to a lien which may attain priority over this Security Instrument, Lender may give Borrower a notice identifying the lien. Borrower shall satisfy the lien or take one or more of the actions set forth above within 10 days of the giving of notice.

8. Fees. Lender may collect fees and charges authorized by the Secretary.

9. Grounds for Acceleration of Debt.

(a) Default. Lender may, except as limited by regulations issued by the Secretary in the case of payment defaults, require immediate payment in full of all sums secured by this Security Instrument if:

- (i) Borrower defaults by failing to pay in full any monthly payment required by this Security Instrument prior to or on the due date of the next monthly payment, or
- (ii) Borrower defaults by failing, for a period of thirty days, to perform any other obligations contained in this Security Instrument.

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Page 6 of 13

BK 2532 PG 727

(b) Sale Without Credit Approval. Lender shall, if permitted by applicable law (including section 341(d) of the Garn-St. Germain Depository Institutions Act of 1982, 12 U.S.C. 1701j-3(d)) and with the prior approval of the Secretary, require immediate payment in full of all sums secured by this Security Instrument if:

- (i) All or part of the Property, or a beneficial interest in a trust owning all or part of the Property, is sold or otherwise transferred (other than by devise or descent), and
- (ii) The Property is not occupied by the purchaser or grantee as his or her principal residence, or the purchaser or grantee does so occupy the Property, but his or her credit has not been approved in accordance with the requirements of the Secretary.

(c) No Waiver. If circumstances occur that would permit Lender to require immediate payment in full, but Lender does not require such payments, Lender does not waive its rights with respect to subsequent events.

(d) Regulations of HUD Secretary. In many circumstances regulations issued by the Secretary will limit Lender's rights, in the case of payment defaults, to require immediate payment in full and foreclose if not paid. This Security Instrument does not authorize acceleration or foreclosure if not permitted by regulations of the Secretary.

(e) Mortgage Not Insured. Borrower agrees that if this Security Instrument and the Note are not determined to be eligible for insurance under the National Housing Act within 60 DAYS from the date hereof, Lender may, at its option require immediate payment in full of all sums secured by this Security Instrument. A written statement of any authorized agent of the Secretary dated subsequent to 60 DAYS from the date hereof, declining to insure this Security Instrument and the Note, shall be deemed conclusive proof of such ineligibility. Notwithstanding the foregoing, this option may not be exercised by Lender when the unavailability of insurance is solely due to Lender's failure to remit a mortgage insurance premium to the Secretary.

10. Reinstatement. Borrower has a right to be reinstated if Lender has required immediate payment in full because of Borrower's failure to pay an amount due under the Note or this Security Instrument. This right applies even after foreclosure proceedings are instituted. To reinstate the Security Instrument, Borrower shall tender in a lump sum all amounts required to bring Borrower's account current including, to the extent they are obligations of Borrower under this Security Instrument, foreclosure costs and reasonable and customary attorneys' fees and expenses properly associated with the foreclosure proceeding. Upon reinstatement by Borrower, this Security Instrument and the obligations that it secures shall remain in effect as if Lender had not required immediate payment in full. However, Lender is not required to permit reinstatement if: (i) Lender has accepted reinstatement after the commencement of foreclosure proceedings within two years immediately preceding the commencement of a current foreclosure proceeding, (ii) reinstatement will preclude foreclosure on different grounds in the future, or (iii) reinstatement will adversely affect the priority of the lien created by this Security Instrument.

11. Borrower Not Released; Forbearance by Lender Not a Waiver. Extension of the time of payment or modification of amortization of the sums secured by this Security Instrument granted by Lender to any

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Page 7 of 13

BK 2532 PG 728

successor in interest of Borrower shall not operate to release the liability of the original Borrower or Borrower's successors in interest. Lender shall not be required to commence proceedings against any successor in interest or refuse to extend time for payment or otherwise modify amortization of the sums secured by this Security Instrument by reason of any demand made by the original Borrower or Borrower's successors in interest. Any forbearance by Lender in exercising any right or remedy shall not be a waiver of or preclude the exercise of any right or remedy.

12. Successors and Assigns Bound; Joint and Several Liability; Co-Signers. The covenants and agreements of this Security Instrument shall bind and benefit the successors and assigns of Lender and Borrower, subject to the provisions of paragraph 9(b). Borrower's covenants and agreements shall be joint and several. Any Borrower who co-signs this Security Instrument but does not execute the Note: (a) is co-signing this Security Instrument only to mortgage, grant and convey that Borrower's interest in the Property under the terms of this Security Instrument; (b) is not personally obligated to pay the sums secured by this Security Instrument; and (c) agrees that Lender and any other Borrower may agree to extend, modify, forbear or make any accommodations with regard to the terms of this Security Instrument or the Note without that Borrower's consent.

13. Notices. Any notice to Borrower provided for in this Security Instrument shall be given by delivering it or by mailing it by first class mail unless applicable law requires use of another method. The notice shall be directed to the Property Address or any other address Borrower designates by notice to Lender. Any notice to Lender shall be given by first class mail to Lender's address stated herein or any address Lender designates by notice to Borrower. Any notice provided for in this Security Instrument shall be deemed to have been given to Borrower or Lender when given as provided in this paragraph.

14. Governing Law; Severability. This Security Instrument shall be governed by federal law and the law of the jurisdiction in which the Property is located. In the event that any provision or clause of this Security Instrument or the Note conflicts with applicable law, such conflict shall not affect other provisions of this Security Instrument or the Note which can be given effect without the conflicting provision. To this end the provisions of this Security Instrument and the Note are declared to be severable.

15. Borrower's Copy. Borrower shall be given one conformed copy of the Note and of this Security Instrument.

16. Hazardous Substances. Borrower shall not cause or permit the presence, use, disposal, storage, or release of any Hazardous Substances on or in the Property. Borrower shall not do, nor allow anyone else to do, anything affecting the Property that is in violation of any Environmental Law. The preceding two sentences shall not apply to the presence, use, or storage on the Property of small quantities of Hazardous Substances that are generally recognized to be appropriate to normal residential uses and to maintenance of the Property.

Borrower shall promptly give Lender written notice of any investigation, claim, demand, lawsuit or other action by any governmental or regulatory agency or private party involving the Property and any Hazardous Substance or Environmental Law of which Borrower has actual knowledge. If Borrower learns, or is notified by any governmental or regulatory authority, that any removal or other remediation of any Hazardous Substances affecting the Property is necessary, Borrower shall promptly take all necessary remedial actions in accordance with Environmental Law.

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Page 8 of 13

BK 2532 PG 729

As used in this paragraph 16, "Hazardous Substances" are those substances defined as toxic or hazardous substances by Environmental Law and the following substances: gasoline, kerosene, other flammable or toxic petroleum products, toxic pesticides and herbicides, volatile solvents, materials containing asbestos or formaldehyde, and radioactive materials. As used in this paragraph 16, "Environmental Law" means federal laws and laws of the jurisdiction where the Property is located that relate to health, safety or environmental protection.

NON-UNIFORM COVENANTS. Borrower and Lender further covenant and agree as follows:

17. Assignment of Rents. Borrower unconditionally assigns and transfers to Lender all the rents and revenues of the Property. Borrower authorizes Lender or Lender's agents to collect the rents and revenues and hereby directs each tenant of the Property to pay the rents to Lender or Lender's agents. However, prior to Lender's notice to Borrower of Borrower's breach of any covenant or agreement in the Security Instrument, Borrower shall collect and receive all rents and revenues of the Property as trustee for the benefit of Lender and Borrower. This assignment of rents constitutes an absolute assignment and not an assignment for additional security only.

If Lender gives notice of breach to Borrower: (a) all rents received by Borrower shall be held by Borrower as trustee for benefit of Lender only, to be applied to the sums secured by the Security Instrument; (b) Lender shall be entitled to collect and receive all of the rents of the Property; and (c) each tenant of the Property shall pay all rents due and unpaid to Lender or Lender's agent on Lender's written demand to the tenant.

Borrower has not executed any prior assignment of the rents and has not and will not perform any act that would prevent Lender from exercising its rights under this paragraph 17.

Lender shall not be required to enter upon, take control of or maintain the Property before or after giving notice of breach to Borrower. However, Lender or a judicially appointed receiver may do so at any time there is a breach. Any application of rents shall not cure or waive any default or invalidate any other right or remedy of Lender. This assignment of rents of the Property shall terminate when the debt secured by the Security Instrument is paid in full.

18. Foreclosure Procedure. If Lender requires immediate payment in full under paragraph 9, Lender may foreclose this Security Instrument by judicial proceeding. Lender shall be entitled to collect all expenses incurred in pursuing the remedies provided in this paragraph 18, including, but not limited to, costs of title evidence.

If the Lender's interest in this Security Instrument is held by the Secretary and the Secretary requires immediate payment in full under paragraph 9, the Secretary may invoke the nonjudicial power of sale provided in the Single Family Mortgage Foreclosure Act of 1994 ("Act") (12 U.S.C. 3751 et seq.) by requesting a foreclosure commissioner designated under the Act to commence foreclosure and to sell the Property as provided in the Act. Nothing in the preceding sentence shall deprive the Secretary of any rights otherwise available to a Lender under this paragraph 18 or applicable law.

19. Release. Upon payment of all sums secured by this Security Instrument, Lender shall discharge this Security Instrument. Borrower shall pay any recordation costs. Lender may charge Borrower a fee for releasing this Security Instrument, but only if the fee is paid to a third party for services rendered and the charging of the fee is permitted under applicable law.



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Page 9 of 13

BK 2532 PG 730

20. Certain Other Advances. In addition to any other sum secured hereby, this Security Instrument shall also secure the unpaid principal balance of, plus accrued interest on, any amount of money loaned, advanced or paid by Lender to or for the account and benefit of Borrower, after this Security Instrument is delivered to and filed with the Recorder's Office, MUSKINGUM County, Ohio, for recording. Lender may make such advances in order to pay any real estate taxes and assessments, insurance premiums plus all other costs and expenses incurred in connection with the operation, protection or preservation of the Property, including to cure Borrower's defaults by making any such payments which Borrower should have paid as provided in this Security Instrument, it being intended by this paragraph 20 to acknowledge, affirm and comply with the provision of § 5301.233 of the Revised Code of Ohio.

21. Riders to this Security Instrument. If one or more riders are executed by Borrower and recorded together with this Security Instrument, the covenants of each such rider shall be incorporated into and shall amend and supplement the covenants and agreements of this Security Instrument as if the rider(s) were a part of this Security Instrument.

[Check applicable box(es)].

- | | | |
|---|--|--|
| <input type="checkbox"/> Condominium Rider | <input type="checkbox"/> Graduated Payment Rider | <input type="checkbox"/> Growing Equity Rider |
| <input type="checkbox"/> Planned Unit Development Rider | <input type="checkbox"/> Adjustable Rate Rider | <input type="checkbox"/> Rehabilitation Loan Rider |
| <input type="checkbox"/> Non-Owner Occupancy Rider | <input type="checkbox"/> Other [Specify] | |

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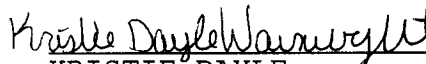
Page 10 of 13

BK 2532 PG 731

BY SIGNING BELOW, Borrower accepts and agrees to the terms contained in pages 1 through 11 of this Security Instrument and in any Rider(s) executed by Borrower and recorded with it.

Executed this 28th day of April, 2014

 (Seal)
MICHAEL AARON DAVIS -Borrower

 (Seal)
KRISTIE DAYLE
WAINWRIGHT -Borrower

____ (Seal)
-Borrower

____ (Seal)
-Borrower

____ (Seal)
-Borrower

____ (Seal)
-Borrower

(Execution in accordance with Chapter 5301 of the Revised Code.)

Image ID: 000001920247 Type: OFF
Kind: MORTGAGE

Page 11 of 13

BK 2532 PG 732

_____[Space Below This Line For Acknowledgment]_____

State of OHIO)

County of MUSKINGUM)

The foregoing instrument was acknowledged before me this _____

by MICHAEL AARON DAVIS AND KRISTIE DAYLE WAINWRIGHT,

unmarried



(Seal)

LINDA L LUBY
NOTARY PUBLIC
STATE OF OHIO
My Commission
Expires
June 14, 2015

Linda L Luby
Signature of Person Taking Acknowledgment

Notary Public
Title

2010-RE-359290
Serial Number, if any

My commission expires: June 14, 2015

This Instrument Prepared By:
SQUIRE DOUGLAS JR

Loan Originator: JEFFREY D KOCHER, NMLSR ID 242666
Loan Originator Organization: HOME MORTGAGE SOLUTIONS INC
#803899, NMLSR ID 243567

FHA OHIO MORTGAGE - MERS
OHMTGZ.FHA 12/12/13

Page 11 of 11

MAD
KDW
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Image ID: 000001920248 Type: OFF
Kind: MORTGAGE

Page 12 of 13

BK 2532 PG 733

DEED DESCRIPTION
2.138 ACRES { split }
1054 INVESTMENTS, LLC PROPERTY [part]
AUDITOR'S PARCEL #13-40-10-24-001 [part]

BEING A PART OF THE SOUTHEAST QUARTER OF SECTION #10, TOWNSHIP 14 NORTH, RANGE 14 WEST, CLAY TOWNSHIP, MUSKINGUM COUNTY, OHIO [ALSO BEING A PART OF A 8.76 ACRES PARCEL AND A PART OF THE 1054 INVESTMENTS, LLC PROPERTY OF OFFICIAL RECORD BOOK 2507, PAGE 807 OF THE MUSKINGUM COUNTY RECORDER] AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING, FOR REFERENCE, AT A POINT MARKING THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SECTION #10;

THENCE S 0° 38' 12" E 1454.56 FEET, IN THE EAST LINE OF SECTION #10, TO AN IRON PIN SET AND THE PRINCIPAL PLACE OF BEGINNING OF THIS, subject, "2.138 ACRES PARCEL" TO BE DESCRIBED, PASSING AN EXISTING CORNER STONE, IN POOR CONDITION, AT 793.21 + - FEET AND PASSING AN EXISTING IRON PIN {5/8 INCH STEEL ROD WITH PLASTIC IDENTIFICATION CAP MARKED "ERD 7142"} AT 1113.84 FEET;

[THE FOLLOWING "2.138 ACRES PARCEL" TO BE DESCRIBED IS BOUNDED ON THE NORTH BY THE AFORESAID "1054 INVESTMENTS, LLC" PROPERTY, BOUNDED ON THE EAST BY THE AFORESAID "1054 INVESTMENTS, LLC" PROPERTY OF OFFICIAL RECORD BOOK 2507, PAGE 807 AND OF OFFICIAL RECORD BOOK 2362, PAGE 83, BOUNDED ON THE SOUTH BY THE ROSALYN BRITTON and CRYSTAL RAINIER PROPERTY OF OFFICIAL RECORD BOOK 2305, PAGE 763 AND IS BOUNDED ON THE WEST BY THE LINZEY D. and JASON R. ALLEN PROPERTY OF OFFICIAL RECORD BOOK 2494, PAGE 23, ALL OF THE MUSKINGUM COUNTY RECORDER]

THENCE, FROM THE "PRINCIPAL PLACE OF BEGINNING", S 0° 38' 12" E 197.31 FEET, IN THE EAST LINE OF SECTION #10 TO AN EXISTING IRON PIN {5/8 INCH STEEL REBAR WITH PLASTIC IDENTIFICATION CAP MARKED "RLS 5410"} MARKING THE NORTHEAST CORNER OF THE AFORESAID "ROSALYN BRITTON and CRYSTAL RAINIER" PROPERTY, PASSING AN EXISTING IRON PIN {5/8 INCH STEEL ROD WITH PLASTIC IDENTIFICATION CAP MARKED "ERD 7142"} AT 114.36 FEET, WHICH MARKS THE SOUTHWEST CORNER OF AN 18.21 ACRES TRACT OF THE AFORESAID "1054 INVESTMENTS, LLC" PROPERTY;

THENCE, LEAVING THE EAST LINE OF SECTION #10, N 89° 55' 40" W 473.08 FEET TO A POINT IN, ASPHALT SURFACED, COUNTY ROAD #87 [A.K.A. E. ATHENS ROAD] AND MARKING THE NORTHWEST CORNER OF THE AFORESAID "ROSALYN BRITTON and CRYSTAL RAINIER" PROPERTY [ALSO BEING THE SOUTHEAST CORNER OF THE AFORESAID "ALLEN" PROPERTY], PASSING AN EXISTING IRON PIN {5/8 INCH STEEL REBAR, NO IDENTIFICATION} AT 448.08 FEET;

THENCE, LEAVING THE AFORESAID "ROSALYN BRITTON and CRYSTAL RAINIER" PROPERTY, THE FOLLOWING FOUR [4] COURSES ARE TO POINTS IN "COUNTY ROAD #87" AND IN THE AFORESAID "ALLEN", EASTERLY BOUNDARY:



Image ID: 000001920249 Type: OFF
Kind: MORTGAGE

Page 13 of 13

BK 2532 PG 734

COURSE #1 = N 23° 18' 29" E 41.34 FEET;

COURSE #2 = N 18° 47' 48" E 34.68 FEET;

COURSE #3 = N 10° 10' 58" E 68.31 FEET;

COURSE #4 = N 2° 17' 09" W 85.00 FEET;

THENCE, LEAVING "COUNTY ROAD #87" AND THE AFORESAID "ALLEN" PROPERTY, S 86° 32' 32" E 435.46 FEET TO AN "IRON PIN SET" AND THE "PRINCIPAL PLACE OF BEGINNING" OF THIS, SUBJECT, "2.138 ACRES PARCEL" { IE. SPLIT }, PASSING AN IRON PIN SET AT 30.00 FEET.

THE PARCEL AS DESCRIBED CONTAINS 2.138 ACRES, MORE OR LESS, SUBJECT TO ALL LEGAL HIGHWAYS, ALL RESTRICTIONS AND ALL EASEMENTS OF RECORD.

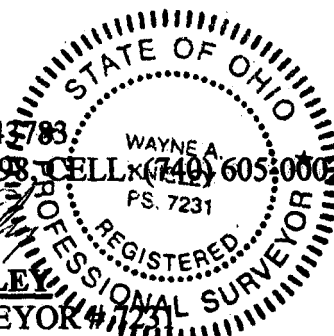
THE BEARINGS IN THE ABOVE DESCRIPTION ARE BASED ON A SURVEY MADE BY RICHARD L. DANIELS, P.S. 5410, ON JUNE 16, 1998. THE BEARINGS ARE BASED ON THE EAST LINE OF SECTION #10 AS BEING S 0° 38' 12" E ie. ALL BEARINGS DESCRIBED HEREIN ARE TO AN ASSUMED MERIDIAN AND ARE USED TO DENOTE ANGLES ONLY.

THE ABOVE DESCRIPTION IS BASED ON A FIELD SURVEY MADE BY OR UNDER THE DIRECT SUPERVISION OF WAYNE A. KNISLEY, OHIO P.S. # 7231, ON FEBRUARY 6, 2014. SEE PLAT ATTACHED.

ALL IRON PINS SET ARE 5/8 INCH BY 30 INCH STEEL ROD WITH PLASTIC IDENTIFICATION CAPS MARKED KNISLEY 7231.

THIS, SUBJECT, "2.138 ACRE PARCEL" { split } HAS TWO EXISTING WATER WELLS, AN EXISTING, FRAME, RESIDENCE, AN EXISTING SEWER SYSTEM AND 229.33 FEET OF PUBLIC ROAD FRONTAGE.

A & E
P. O. BOX 420
SOMERSET, OHIO 43783
PHONE: (740) 743 - 2201, FAX: 743 - 2498, CELL: (740) 605-0002
Wayne A. Knisley
WAYNE A. KNISLEY
OHIO REGISTERED SURVEYOR #7231
DATE: FEBRUARY 6, 2014



APPROVED
MUSKINGUM COUNTY
PLANNING COMMISSION DIRECTOR
[Signature]
2/21/14 Date Feb Paid

[Handwritten signature]

Fill in this information to identify your case:

Debtor 1	Michael A Davis		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Attorney General of Ohio Priority Creditor's Name 150 E Gay St., 21st Floor Bankruptcy Dept Columbus, OH 43215 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00	\$0.00

NOTICE ONLY

Debtor 1 **Michael A Davis**

Case number (if know)

2.2

Department of the Treasury

Priority Creditor's Name

Financial Management Service**PO Box 1686****Birmingham, AL 35201-1686**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**NOTICE ONLY**

2.3

IRS

Priority Creditor's Name

P.O. Box 7346**Philadelphia, PA 19106-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**NOTICE ONLY**

2.4

Ohio Bureau of Workers' Compensation

Priority Creditor's Name

Attn: Law Section Bankruptcy**Unit****P.O. Box 15567****Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**NOTICE ONLY**

Debtor 1 **Michael A Davis**

Case number (if know)

2.5

Ohio Child Support Payment Central

Priority Creditor's Name

PO Box 182372**Columbus, OH 43218-2372**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☒ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**NOTICE ONLY**

2.6

Ohio Department of Job & Family Service

Priority Creditor's Name

30 E Broad St**32nd Floor****Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**NOTICE ONLY**

2.7

Ohio Dept of Taxation

Priority Creditor's Name

Bankruptcy Division**Box 530****Columbus, OH 43266-0030**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**NOTICE ONLY****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one

Debtor 1 **Michael A Davis**

Case number (if know)

creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

1stprogress/1stequity/

Nonpriority Creditor's Name

Last 4 digits of account number **9707****\$84.00****Po Box 84010****Columbus, GA 31908**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesWhen was the debt incurred? **Opened 10/01/13 Last Active
1/24/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

4.2

ARS/Account Resolution Specialist

Nonpriority Creditor's Name

Po Box 459079**Sunrise, FL 33345**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **5114****\$1,084.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical**

4.3

AT&T

Nonpriority Creditor's Name

Processing Center**PO Box 55126****Boston, MA 02205-5126**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$107.85

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 **Michael A Davis**

Case number (if know)

4.4

Blackburn Law Offices, LLC

Nonpriority Creditor's Name

**1568 W. 1st Avenue
Columbus, OH 43212**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.5

CBCS

Nonpriority Creditor's Name

**P.O. Box 163218
Columbus, OH 43216**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.6

CCS

Nonpriority Creditor's Name

**PO Box 9133
Needham Heights, MA 02494-9133**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$107.85**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection account**

Debtor 1 **Michael A Davis**

Case number (if know)

4.7

Chex Systems

Nonpriority Creditor's Name

7805 Hudson Rd Ste 100**Saint Paul, MN 55125**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.8

Chojnacki, Benjamin, Esq

Nonpriority Creditor's Name

1301 East 9th St.**Suite 3500****Cleveland, OH 44114**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.9

Diversified Consultant

Nonpriority Creditor's Name

Dci**Po Box 551268****Jacksonville, FL 32255**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

2218**\$1,330.00**

When was the debt incurred?

Opened 12/01/15

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney At T Wireless**

Debtor 1 **Michael A Davis**

Case number (if know)

4.10	Dutro Used Cars Nonpriority Creditor's Name P.O. Box 1265 Zanesville, OH 43702 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 002A \$0.00 When was the debt incurred? Opened 8/10/11 Last Active 7/15/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE ONLY
4.11	Dutro Used Cars Nonpriority Creditor's Name P.O. Box 1265 Zanesville, OH 43702 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6002 \$0.00 When was the debt incurred? Opened 6/04/11 Last Active 8/17/11 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE ONLY
4.12	Equifax Nonpriority Creditor's Name Box 740241 Atlanta, GA 30374-0241 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$0.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE ONLY

Debtor 1 **Michael A Davis**

4.13

Experian National Consumer Assistance

Nonpriority Creditor's Name

P.O. Box 2002**Allen, TX 75013**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.14

FFCC/First Federal Credit Control

Nonpriority Creditor's Name

Po Box 20790**Columbus, OH 43220**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

5931**\$3,286.00**

When was the debt incurred?

Opened 8/01/12**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Medflight Of Ohio**

4.15

FFCC/First Federal Credit Control

Nonpriority Creditor's Name

Po Box 20790**Columbus, OH 43220**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

4994**\$500.00**

When was the debt incurred?

Opened 8/01/15**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Genesis Hospital**

Debtor 1 **Michael A Davis**

Case number (if know)

4.16

FFCC/First Federal Credit Control

Nonpriority Creditor's Name

Po Box 20790**Columbus, OH 43220**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **0031****\$40.00**When was the debt incurred? **Opened 11/01/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Radiology Associates
Inc**

4.17

FFCC/First Federal Credit Control

Nonpriority Creditor's Name

Po Box 20790**Columbus, OH 43220**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **0455****\$33.00**When was the debt incurred? **Opened 12/01/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Radiology Associates
Inc**

4.18

First Premier Bank

Nonpriority Creditor's Name

601 S Minneapolis Ave**Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ YesLast 4 digits of account number **7639****\$394.00**When was the debt incurred? **Opened 10/01/13 Last Active
3/28/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

Debtor 1 **Michael A Davis**

Case number (if know)

4.19

Genesis Physician Billing

Nonpriority Creditor's Name

PO Box 182502**Columbus, OH 43218-2502**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$73.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical bill**

4.20

Hsbc/Taxpayer Financial Services

Nonpriority Creditor's Name

Hsbc Taxpayer Financial Services**90 Christiana Rd****New Castle, DE 19720**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

3544**\$0.00**

When was the debt incurred?

**Opened 2/03/09 Last Active
3/06/09**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.21

Jordan, Jeffrey Esq.

Nonpriority Creditor's Name

P.O. Box 30863**Gahanna, OH 43230**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$6,601.41

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Attorney for various Genesis**

Debtor 1 **Michael A Davis**

Case number (if know)

4.22

Kay Jewelers/Sterling Jewelers Inc.

Nonpriority Creditor's Name

Sterling Jewelers**Po Box 1799****Akron, OH 44309**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **6729****\$0.00**When was the debt incurred? **Opened 11/01/11 Last Active
12/01/13****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.23

Meade & Associates

Nonpriority Creditor's Name

Attn: Bankruptcy**737 Enterprise Dr****Westerville, OH 43081**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **4200****\$4,672.00**When was the debt incurred? **Opened 6/01/15****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Grant Medical Center**

4.24

Mpma Inc

Nonpriority Creditor's Name

1138 E Chesnut Ave Ste 7**Vineland, NJ 08360**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9588****\$374.00**When was the debt incurred? **Opened 6/01/11****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney Pref. Assoc. Of
Pathology Inc.**

Debtor 1 **Michael A Davis**

Case number (if know)

4.25

Mpma Inc

Nonpriority Creditor's Name

**1138 E Chesnut Ave Ste 7
Vineland, NJ 08360**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9589****\$70.00**When was the debt incurred? **Opened 6/01/11****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collection Attorney Pref. Assoc. Of
Pathology Inc.**

4.26

Ohio Health Corporation

Nonpriority Creditor's Name

**111 South Grant
Columbus, OH 43214**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**NOTICE ONLY**

4.27

**Orthopaedic Assoc of Zanesville,
Inc.**

Nonpriority Creditor's Name

**2854 Bell St.
Zanesville, OH 43701-1721**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$565.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical bill**

Debtor 1 **Michael A Davis**

Case number (if know)

4.28

Perry County Court

Nonpriority Creditor's Name

P.O. Box 207**105 N. Main St****New Lexington, OH 43764**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.29

Pinnacle Credit Services

Nonpriority Creditor's Name

Po Box 640**Hopkins, MN 55343**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

5882**\$313.00**

When was the debt incurred?

Opened 12/01/14**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Factoring Company Account Verizon
Wireless**

4.30

Southwest Credit Systems

Nonpriority Creditor's Name

4120 International Parkway**Suite 1100****Carrollton, TX 75007**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt
is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

3730**\$108.00**

When was the debt incurred?

Opened 1/01/16**As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection Attorney At T Uverse**

Debtor 1 **Michael A Davis**

Case number (if know)

4.31

Springleaf Financial S

Nonpriority Creditor's Name

Last 4 digits of account number **2457****\$0.00****Opened 1/04/12 Last Active
2/13/12**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.32

Springleaf Financial S

Nonpriority Creditor's Name

Last 4 digits of account number **2457****\$0.00****Opened 11/15/12 Last Active
12/16/13**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.33

Springleaf Financial S

Nonpriority Creditor's Name

Last 4 digits of account number **2457****\$0.00****Opened 3/14/12 Last Active
10/23/12**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt
Is the claim subject to offset?☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

Debtor 1 **Michael A Davis**

Case number (if know)

4.34

TransUnion

Nonpriority Creditor's Name

Box 2000**Chester, PA 19022-2000**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt**
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY**

4.35

Zanesville Municipal Court

Nonpriority Creditor's Name

332 South Street**Zanesville, OH 43701**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt**
Is the claim subject to offset?☒ No☐ Yes

Last 4 digits of account number

\$0.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **NOTICE ONLY****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 19,743.11
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 19,743.11

Fill in this information to identify your case:

Debtor 1	Michael A Davis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1	Name Number Street City State ZIP Code	
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Michael A Davis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Kristie Wainwright**
1300 Parkview Dr
Apt 6C
Roseville, OH 43777

☒ Schedule D, line 2.2
☐ Schedule E/F, line _____
☐ Schedule G _____
Springleaf Financial S

3.2 **Kristie Wainwright**
1300 Parkview Dr
Apt 6C
Roseville, OH 43777

☒ Schedule D, line 2.1
☐ Schedule E/F, line _____
☐ Schedule G _____
Pacific Union Financia

Fill in this information to identify your case:

Debtor 1 Michael A Davis

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
- ☐ Not employed

Driver

Fed Ex

3 years

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Quest Diagnostics

3 Giralda Farms
Madison, NJ 07940

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 4,724.00	\$ 2,244.00
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 4,724.00	\$ 2,244.00

Debtor 1 **Michael A Davis**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 4,724.00	\$ 2,244.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 905.00	\$ 418.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 44.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 408.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>Life insurance/ADD</u>	5h.+ \$ 0.00 +	\$ 5.00
<u>Long Term Disability</u>	\$ 0.00	\$ 7.00
<u>Stock purchase plan</u>	\$ 0.00	\$ 20.00
<u>Flexible spending account</u>	\$ 0.00	\$ 13.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 905.00	\$ 915.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,819.00	\$ 1,329.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00 +	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,819.00 +	\$ 1,329.00 = \$ 5,148.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	5,148.00
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Michael A Davis

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

3

☐ No
☒ Yes

Stepson

5

☐ No
☒ Yes

☐ No
☐ Yes

☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 575.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Michael A Davis**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	400.00
6b. Water, sewer, garbage collection	6b. \$	80.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	400.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	500.00
8. Childcare and children's education costs	8. \$	460.00
9. Clothing, laundry, and dry cleaning	9. \$	200.00
10. Personal care products and services	10. \$	0.00
11. Medical and dental expenses	11. \$	240.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	400.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	200.00
14. Charitable contributions and religious donations	14. \$	50.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify: House insurance and car insurance (combined)	15d. \$	280.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
16. \$		0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	600.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
18. \$		0.00
19. Other payments you make to support others who do not live with you.		
19. \$		0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: Paper towels, toilet paper, deodorant, soap		
21. +\$		65.00
Toothpaste/mouthwash, razors/shaving cream, shampoo/cond		
21. +\$		85.00
Hairspray, haircuts, contact cleaning solution, make-up		
21. +\$		150.00
Feminine/masculine items, dishwashing/laundry detergent		
21. +\$		30.00
Postage stamps, light bulbs, trash bags, sweeper bags		
21. +\$		15.00
Pet food & supplies, vet services		
21. +\$		200.00
Lunches at work		
21. +\$		150.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	5,130.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	5,130.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,148.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$	5,130.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	18.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: _____		

Fill in this information to identify your case:

Debtor 1 Michael A Davis
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Michael A Davis
Michael A Davis
Signature of Debtor 1

X _____
Signature of Debtor 2

Date March 22, 2016

Date _____

Fill in this information to identify your case:

Debtor 1 **Michael A Davis**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

**9750 East Athens Rd
 Roseville, OH 43777**

**Dates Debtor 1
 lived there**

From-To:
4/2014 to 1/2016

Debtor 2 Prior Address:

☐ Same as Debtor 1

**Dates Debtor 2
 lived there**

☐ Same as Debtor 1
 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

\$47,522.00

- ☒ Wages, commissions, bonuses, tips
☐ Operating a business

Debtor 2

Sources of income
 Check all that apply.

Gross income
 (before deductions and exclusions)

- ☐ Wages, commissions, bonuses, tips
☐ Operating a business

**For the calendar year before that:
 (January 1 to December 31, 2014)**

Debtor 1 **Michael A Davis**

Case number (if known)

Debtor 1		Debtor 2	
Sources of income	Gross income	Sources of income	Gross income
Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
- ☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income	Gross income	Sources of income	Gross income
Describe below..	(before deductions and exclusions)	Describe below.	(before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
- ☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				Include creditor's name

Debtor 1 **Michael A Davis**

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
CBCS vs. Michael A Davis CVF 1500287	Civil	Perry County Court P.O. Box 207 105 N. Main St New Lexington, OH 43764	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded 05/11/2015 case filed; 08/24/2015 Judgment for CBCS; 09/21/2015 Garnishment.
Ohio Health Corporation vs. Michael A Davis CVF 1300337	Civil	Perry County Court P.O. Box 207 105 N. Main St New Lexington, OH 43764	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded 07/01/2013 case filed; 01/17/2014 DJ granted.
Orthopaedic Assoc of Zanesville, Inc. vs. Michael A Davis 1600119	Mediation	Zanesville Municipal Court 332 South Street Zanesville, OH 43701	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.☒ No☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	--------------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?☒ No☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	--------------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?☒ No☐ Yes

Debtor 1 **Michael A Davis**

Case number (if known)

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Marczewski Law Offices, LLC

1020 Maple Avenue

Zanesville, OH 43701

Description and value of any property transferred

Debtor paid \$1100. Out of the \$1100, \$335 was used for court filing fees \$715 was applied towards attorney fees, and \$50 for credit report.

Date payment or transfer was made

01/15/2016

Amount of payment

\$1,100.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Debtor 1 Michael A Davis

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1 **Michael A Davis**

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Debtor 1 Michael A Davis

Case number (if known) _____

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael A Davis

Michael A Davis

Signature of Debtor 1

Signature of Debtor 2Date March 22, 2016

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?☐ No☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Perry County Court
Information on civil case number CVF 1500287

[Click for Docket Entries](#)

Plaintiff(s)

Plaintiff 1: [Cbcs](#)

Plaintiff 2:

Plaintiff 3:

Plaintiff 4:

Plaintiff 5:

Plaintiff 6:

Attorney 1: Blackburn Law Office

Attorney 2:

Attorney 3:

Attorney 4:

Attorney 5:

Attorney 6:

Defendant(s)

Defendant 1: [Davis, Michael A](#)

Date Served: 05/14/2015

Defendant 2:

Defendant 3:

Defendant 4:

Defendant 5:

Defendant 6:

Attorney 1:

Attorney 2:

Attorney 3:

Attorney 4:

Attorney 5:

Attorney 6:

Miscellaneous Case Information

Hearing Type:

Hearing Date:

Hearing Time:

Disposition Date: 08/24/2015

Filing Date: 05/11/2015

Cause of Action: CONTRACT/NOTE

Residing Judge: DLW

Claim Amount: 3011.31

Satisfied Date:

Disposition Information

Judgment Date: 08/24/2015

Disposition: J-FOR

Amount: 3011.31

Interest From: 08/24/2015

Interest Rate: 3.000

Satisfied:

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Perry County Court
Docket entry on civil case number CVF 1500287

[Click for case information](#)

Case Number: CVF 1500287

Defendant(s): Davis, Michael A

05/11/2015

- CASE WAS FILED WITH COURT
- SUMMONS ISSUED TO DAVIS, MICHAEL A
- BY CERTIFIED.
- CIVIL FILING FEE \$100.00
- PAYMENT - RECEIPT NO. 58747 IN THE AMOUNT OF \$ 100.00
- SUMMONS WAS ISSUED BY CERT MAIL
- TO: DAVIS, MICHAEL A
- CERT MAIL # 7100 0055 5200 0000 5853

05/14/2015

- SUMMONS SERVED ON DAVIS, MICHAEL A .

08/24/2015

- JUDGMENT: J-FOR CBCS IN THE AMOUNT
- OF \$3011.31. INTEREST FROM 08/24/2015
- AT THE RATE OF 3.000%
- JUDGMENT: J-DEFAULT DAVIS, MICHAEL A IN THE AMOUNT
- OF \$3011.31. INTEREST FROM 08/24/2015
- AT THE RATE OF 3.000%

09/21/2015

- WAGE GARNISHMENT FEES \$60.00
- PAYMENT - RECEIPT NO. 59874 IN THE AMOUNT OF \$ 60.00

09/22/2015

- WAGE GARNISHMENT WAS ISSUED BY CERT MAIL
- TO: RHINEHART FOOD SERVICE
- CERT MAIL # 7100 0055 5200 0000 9349

10/04/2015

- CERTIFIED MAIL COMPLETED ON RHINEHART FOOD SERVICE

10/05/2015

- ANSWER OF GARNISHEE (REINHART FOOD SERVICE LLC) NOT
- EMPLOYED - TERMINATED 08/30/13

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Perry County Court
Information on civil case number CVF 1300337

[Click for Docket Entries](#)

Plaintiff(s)

Plaintiff 1: [Ohio Health Corporation](#)

Plaintiff 2:

Plaintiff 3:

Plaintiff 4:

Plaintiff 5:

Plaintiff 6:

Attorney 1: Benjamin Chojnacki

Attorney 2:

Attorney 3:

Attorney 4:

Attorney 5:

Attorney 6:

Defendant(s)

Defendant 1: [Davis, Michael](#)

Date Served: 07/03/2013

Defendant 2:

Defendant 3:

Defendant 4:

Defendant 5:

Defendant 6:

Attorney 1:

Attorney 2:

Attorney 3:

Attorney 4:

Attorney 5:

Attorney 6:

Miscellaneous Case Information

Hearing Type:

Hearing Date:

Hearing Time:

Disposition Date: 01/17/2014

Filing Date: 07/01/2013

Cause of Action: CONTRACT/NOTE

Residing Judge: DLW

Claim Amount: 7187.33

Satisfied Date:

Disposition Information

Judgment Date: 01/17/2014

Disposition: J-FOR

Amount: 7187.33

Interest From: 01/17/2014

Interest Rate: 3.000

Satisfied:

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Perry County Court
Docket entry on civil case number CVF 1300337

[Click for case information](#)

Case Number: CVF 1300337

Defendant(s): Davis, Michael

07/01/2013

- CASE WAS FILED WITH COURT
- SUMMONS ISSUED TO DAVIS, MICHAEL
- BY CERTIFIED.
- CIVIL FILING FEE \$100.00
- PAYMENT - RECEIPT NO. 52860 IN THE AMOUNT OF \$ 100.00
- SUMMONS WAS ISSUED BY CERT MAIL
- TO: DAVIS, MICHAEL
- CERT MAIL # 7190 1023 7890 0004 2188

07/03/2013

- SUMMONS SERVED ON DAVIS, MICHAEL .

01/17/2014

- JUDGMENT: J-FOR OHIO HEALTH CORPORATION IN THE AMOUNT
- OF \$7187.33. INTEREST FROM 01/17/2014
- AT THE RATE OF 3.000%
- JUDGMENT: J-DEFAULT DAVIS, MICHAEL IN THE AMOUNT
- OF \$7187.33. INTEREST FROM 01/17/2014
- AT THE RATE OF 3.000%

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**United States Bankruptcy Court
Southern District of Ohio**

In re **Michael A Davis**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|---------------|
| For legal services, I have agreed to accept | \$ | 765.00 |
| Prior to the filing of this statement I have received | \$ | 765.00 |
| Balance Due | \$ | 0.00 |
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☐ Debtor ☒ Other (specify): **See Statement of Financial Affairs question #16 for further explanation.**
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 22, 2016

Date

/s/ Mitchell Marczewski

Mitchell Marczewski (0073258)

Signature of Attorney

Marczewski Law Offices LLC

1020 Maple Ave

Zanesville, OH 43701

(740) 453-8900 Fax: (740) 453-8988

mitch@zanesvillelawyer.com

Name of law firm

Fill in this information to identify your case:

Debtor 1 Michael A Davis

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☒ Married and your spouse is NOT filing with you. You and your spouse are:
- ☒ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,724.07	\$ 2,244.37
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1 **Michael A Davis**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00	\$ 0.00	\$ 0.00
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any.	\$ 0.00 \$ 0.00 + \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 4,724.07	\$ 2,244.37
	+ \$ 6,968.44	
	Total current monthly income	

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**\$ **6,968.44**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **83,621.28****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

OH

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ **78,889.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael A Davis**Michael A Davis**

Signature of Debtor 1

Date **March 22, 2016**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Michael A Davis

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

☒ 1. There is no presumption of abuse.

☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2 Chapter 7 Means Test Calculation

12/15

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. _____ Copy line 11 from Official Form 122A-1 here=>..... \$ 6,968.44

2. Did you fill out Column B in Part 1 of Form 122A-1?

☐ No. Fill in \$0 for the total on line 3.

☒ Yes. Is your spouse Filing with you?

☒ No. Go to line 3.

☐ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☒ No. Fill in 0 for the total on line 3

☐ Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

Fill in the amount you are subtracting from your spouse's income

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total. _____	\$ 0.00

Copy total here=>... - \$ 0.00

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ 6,968.44

Debtor 1 **Michael A Davis**

Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ **1,513.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ **60**

7b. Number of people who are under 65 X **4**

7c. **Subtotal.** Multiply line 7a by line 7b. \$ **240.00** Copy here=> \$ **240.00**

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ **144**

7e. Number of people who are 65 or older X **0**

7f. **Subtotal.** Multiply line 7d by line 7e. \$ **0.00** Copy here=> +\$ **0.00**

7g. **Total.** Add line 7c and line 7f **\$ 240.00** Copy total here=> **\$ 240.00**

Debtor 1 **Michael A Davis**

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**☒ **Housing and utilities - Insurance and operating expenses**☒ **Housing and utilities - Mortgage or rent expenses****To answer the questions in lines 8-9, use the U.S. Trustee Program chart.**

To find the chart, go online using the link specified in the separate instructions for this form.

This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ **620.00**9. **Housing and utilities - Mortgage or rent expenses:**9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ **903.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
Pacific Union Financia	\$ 874.00

Total average monthly payment \$ **874.00** Copy here=> -\$ **874.00** Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0. \$ **29.00** Copy here=> \$ **29.00**10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ **0.00**

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.☐ 0. Go to line 14.☐ 1. Go to line 12.☒ 2 or more. Go to line 12.12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **424.00**

Debtor 1 **Michael A Davis**

Case number (if known)

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: **2005 Chevrolet Trailblazer 229312 miles Location: Debtor's residence**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Springleaf Financial S	\$ 428.00

Total Average Monthly Payment

\$ **428.00**

Copy here => -\$ **428.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

\$ **89.00**

Copy net Vehicle 1 expense here => \$

89.00

Vehicle 2 Describe Vehicle 2: **2011 Toyota Tundra 26,340 miles Location: Debtor's residence**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **517.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
Us Bank	\$ 587.00

Total Average Monthly Payment

\$ **587.00**

Copy here => -\$ **587.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0.

\$ **0.00**

Copy net Vehicle 2 expense here => \$

0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ **0.00**

Debtor 1 **Michael A Davis**

Case number (if known)

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 1,323.16
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 460.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. \$ 4,698.16

Debtor 1 **Michael A Davis**

Case number (if known) _____

Additional Expense Deductions These are additional deductions allowed by the Means Test.*Note:* Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 408.03Disability insurance \$ 7.33Health savings account + \$ 13.33Total \$ 428.69 Copy total here=> \$ 428.69

Do you actually spend this total amount?

☐ No. How much do you actually spend?☒ Yes \$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2)..

+\$ 0.00

32. **Add all of the additional expense deductions**
Add lines 25 through 31.

\$ 428.69

Debtor 1 **Michael A Davis**

Case number (if known)

Deductions for Debt Payment**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

33a. Copy line 9b here => Average monthly payment \$ **874.00**

Loans on your first two vehicles

33b. Copy line 13b here => Average monthly payment \$ **428.00**

33c. Copy line 13e here => Average monthly payment \$ **587.00**

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

-NONE-

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

+\$

33e. Total average monthly payment. Add lines 33a through 33d

\$ **1,889.00**

Copy total here=> \$ **1,889.00**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☒ No. Go to line 35.

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor

Identify property that secures the debt

Total cure amount

Monthly cure amount

-NONE-

\$

÷ 60 =

\$

Total

\$ **0.00**

Copy total here=> \$ **0.00**

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **0.00** ÷ 60 = \$ **0.00**

Debtor 1 **Michael A Davis**

Case number (if known) _____

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- ☒ No. Go to line 37.
- ☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X _____

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ _____

Copy total
here=> \$ _____**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

\$ **1,889.00****Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, *All of the expenses allowed under IRS expense allowances*\$ **4,698.16**Copy line 32, *All of the additional expense deductions*\$ **428.69**Copy line 37, *All of the deductions for debt payment*+\$ **1,889.00**

Total deductions

\$ **7,015.85**Copy total here.....=> \$ **7,015.85****Part 3: Determine Whether There is a Presumption of Abuse****39. Calculate monthly disposable income for 60 months**39a. Copy line 4, *adjusted current monthly income*\$ **6,968.44**39b. Copy line 38, *Total deductions*- \$ **7,015.85**39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a\$ **-47.41**Copy
here=> \$ **-47.41**

For the next 60 months (5 years) x 60

39d. Total. Multiply line 39c by 60

39d. \$ **-2,844.60**Copy
here=>\$ **-2,844.60****40. Find out whether there is a presumption of abuse.** Check the box that applies:

- ☒ **The line 39d is less than \$7,475*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **The line 39d is more than \$12,475*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.
- ☐ **The line 39d is at least \$7,475*, but not more than \$12,475*.** Go to line 41.

*Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Michael A Davis**

Case number (if known)

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ _____
x .25

- 41b. **25% or your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(1)
Multiply line 41a by 0.25.....

\$ _____

Copy
here=>

\$ _____

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**
Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

☒ No. Go to Part 5.

- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense or income adjustment

\$ _____

\$ _____

\$ _____

\$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael A Davis

Michael A Davis
Signature of Debtor 1

Date **March 22, 2016**
MM / DD / YYYY

Debtor 1 **Michael A Davis**

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **09/01/2015** to **02/29/2016**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Fed Ex**

Income by Month:

6 Months Ago:	<u>09/2015</u>	<u>\$4,288.10</u>
5 Months Ago:	<u>10/2015</u>	<u>\$6,006.30</u>
4 Months Ago:	<u>11/2015</u>	<u>\$4,170.00</u>
3 Months Ago:	<u>12/2015</u>	<u>\$5,430.00</u>
2 Months Ago:	<u>01/2016</u>	<u>\$4,225.00</u>
Last Month:	<u>02/2016</u>	<u>\$4,225.00</u>
Average per month:		<u>\$4,724.07</u>

Debtor 1 **Michael A Davis**

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **09/01/2015** to **02/29/2016**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Quest Diagnostics**

Income by Month:

6 Months Ago:	09/2015	\$1,867.66
5 Months Ago:	10/2015	\$1,891.31
4 Months Ago:	11/2015	\$1,983.20
3 Months Ago:	12/2015	\$3,053.20
2 Months Ago:	01/2016	\$2,331.78
Last Month:	02/2016	\$2,339.04
Average per month:		\$2,244.37

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their nonexempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions exist
for particular debts, and liens on property may still
be enforced after discharge. For example, a creditor
may have the right to foreclose a home mortgage or
repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

1stprogress/1stequity/
Po Box 84010
Columbus, GA 31908

ARS/Account Resolution Specialist
Po Box 459079
Sunrise, FL 33345

AT&T
Processing Center
PO Box 55126
Boston, MA 02205-5126

Attorney General of Ohio
150 E Gay St., 21st Floor
Bankruptcy Dept
Columbus, OH 43215

Blackburn Law Offices, LLC
1568 W. 1st Avenue
Columbus, OH 43212

CBCS
P.O. Box 163218
Columbus, OH 43216

CCS
PO Box 9133
Needham Heights, MA 02494-9133

Chex Systems
7805 Hudson Rd Ste 100
Saint Paul, MN 55125

Chojnacki, Benjamin, Esq
1301 East 9th St.
Suite 3500
Cleveland, OH 44114

Department of the Treasury
Financial Management Service
PO Box 1686
Birmingham, AL 35201-1686

Diversified Consultant
Dci
Po Box 551268
Jacksonville, FL 32255

Dutro Used Cars
P.O. Box 1265
Zanesville, OH 43702

Equifax
Box 740241
Atlanta, GA 30374-0241

Experian National Consumer Assistance
P.O. Box 2002
Allen, TX 75013

FFCC/First Federal Credit Control
Po Box 20790
Columbus, OH 43220

First Premier Bank
601 S Minneapolis Ave
Sioux Falls, SD 57104

Genesis Physician Billing
PO Box 182502
Columbus, OH 43218-2502

Hsbc/Taxpayer Financial Services
Hsbc Taxpayer Financial Services
90 Christiana Rd
New Castle, DE 19720

IRS
P.O. Box 7346
Philadelphia, PA 19106-7346

Jordan, Jeffrey Esq.
P.O. Box 30863
Gahanna, OH 43230

Kay Jewelers/Sterling Jewelers Inc.
Sterling Jewelers
Po Box 1799
Akron, OH 44309

Kristie Wainwright
1300 Parkview Dr
Apt 6C
Roseville, OH 43777

Meade & Associates
Attn: Bankruptcy
737 Enterprise Dr
Westerville, OH 43081

Mpma Inc
1138 E Chesnut Ave Ste 7
Vineland, NJ 08360

Ohio Bureau of Workers' Compensation
Attn: Law Section Bankruptcy Unit
P.O. Box 15567
Columbus, OH 43215

Ohio Child Support Payment Central
PO Box 182372
Columbus, OH 43218-2372

Ohio Department of Job & Family Service
30 E Broad St
32nd Floor
Columbus, OH 43215

Ohio Dept of Taxation
Bankruptcy Division
Box 530
Columbus, OH 43266-0030

Ohio Health Corporation
111 South Grant
Columbus, OH 43214

Orthopaedic Assoc of Zanesville, Inc.
2854 Bell St.
Zanesville, OH 43701-1721

Pacific Union Financia
1603 Lbj Fwy Ste 500
Farmers Branch, TX 75234

Perry County Court
P.O. Box 207
105 N. Main St
New Lexington, OH 43764

Pinnacle Credit Services
Po Box 640
Hopkins, MN 55343

Southwest Credit Systems
4120 International Parkway
Suite 1100
Carrollton, TX 75007

Springleaf Financial S

TransUnion
Box 2000
Chester, PA 19022-2000

Us Bank
Attn: Bankruptcy
Po Box 5229
Cincinnati, OH 45201

Zanesville Municipal Court
332 South Street
Zanesville, OH 43701